

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000106960

**Entity Name:** BROWN BAGS, LLC

**Current Principal Place of Business:**

5004 EAST FOWLER AVE  
SUITE A  
TAMPA, FL 33617

**Current Mailing Address:**

5004 EAST FOWLER AVE  
SUITE A  
TAMPA, FL 33617 US

**FEI Number:** 46-0818695

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SHAH, KUNAL J  
5004 EAST FOWLER AVE  
SUITE A  
TAMPA, FL 33617 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** KUNAL SHAH

01/30/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name SHAH, KUNAL  
Address 5004 EAST FOWLER AVE  
SUITE A  
City-State-Zip: TAMPA FL 33617

Title MANAGING MEMBER  
Name CHOPRA, KINNARI  
Address 2635 MILFORD BERRY LN  
City-State-Zip: TAMPA FL 33618

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KUNAL SHAH

MANAGING MEMBER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date